www.nationalchangeofaddress.com

Order Form

Profile

CONTACT

TITLE

COMPANY

ADDRESS

CITY STATE ZIP+4

Tel#: Ext:

Fax#:

P/O Reference:

Email:

List Owner Information

List Owner Name: _____

NCOA^{LinkTM} Processing Acknowledgement Form: ☐ Attached ☐ On File

Processing Options/Specifications

Services:
☐ NCOA^{LinkTM}
☐ NCOA^{LinkTM} and MaxCOA
☐ NCOA^{LinkTM} and LACS
☐ NCOA^{LinkTM}, MaxCOA and LACS

Options:
☐ Standard (Family, Individual & Business)
☐ Individual Match Only
☐ Individual & Business Match Only

Extract: ☐ 48 Month ☐ 36 Month ☐ 12 Month ☐ 6 Month

Output will be your original input format with standardized and NCOA^{LinkTM}/MaxCOA/LACS Data Append

Input File Description

Estimated Quantity: _____ **File Type:** ☐ Fixed Field ☐ Delimited ☐ .DBF Record Length: _____ Delimiter: _____

Format: ☐ EBCDIC ☐ ASCII ☐ Other: _____

All fields should be ZIPPED and have a company name as part of the file name.

File Name: _____ **ZIP Password (if any):** _____

Classification of Mail

Class of Mail: Class of mail to be used for mailings produced from this list. Check all that may apply:

☐ 1st Class ☐ Std A ☐ Std B ☐ Periodicals

Comments/Specific Instructions

Acceptance/Authorization

Our Terms of Sale: All invoices are due and payable upon receipt. Any portion unpaid after 30 days is considered delinquent and future orders may be COD. Delinquent accounts are subject to a service charge of 1½ per month (18% per year) accumulated on the balance owed. I agree if our account becomes delinquent to pay reasonable costs and expenses of collection, including attorney's fees and court costs. The undersigned hereby authorizes this transaction, and agrees to be bound by the Terms of Sale and by the Terms and Conditions located on our web site.

Signature *Date*

Print Name *Date*

Please fax this completed application to nationalchangeofaddress.com at 631.293.9757

FOR IDS INT INTERNAL USE ONLY			
JOB#:	**SALESPERSON:**	**SUBMITTED BY:**	**APPROVED BY:**